

☐ Amendment

No. _____

Date: _____

EXHIBIT B

**NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU**

PROJECT BUDGET

DATE:			PROJECT #:	
NAME OF GRANTEE:				
CLASSIFICATION	NMED-Program	OTHER FUNDS	TOTAL	
Administrative Expenses-NMED	Ineligible			
Engineer Fees				
Other Professional Service Fees				
Inspection Fees				
Property Acquisition				
Construction Cost				
Equipment				
Other Costs (specify)				
Contingencies				
TOTAL:				
Identify Sources of Other Funds (Include matching requirements):				
Are the other funds committed? (Yes/No)				
If not, when do you expect commitment?				
Date: _____				
X Grantee Signatory Authority		X NMED Project Manager Approval		